



BOARD MEMBERSHIP INFORMATION

Sonoma Valley Community Health Center (SVCHC) is actively seeking patients and community members who may be interested in filling an open seat on our Board of Directors. SVCHC is a certified Federally Qualified Health Center that is governed by a thirteen member volunteer Board. The Board consists of six members from the community at large and seven members from our patient population who represent the diverse cultures seen at the Health Center. Board terms are usually for three years and members are eligible for re-election after that time.

SVCHC is a non-profit 501(c)(3), with its medical clinic and integrated behavioral health services located at 19270 Sonoma Highway in the City of Sonoma. In addition, SVCHC operates a mobile medical clinic to provide school and community based health care services in the Springs. Our mission is to provide accessible quality health care to those who need it, especially the underserved. Our vision is to be recognized as a leader in providing patient and community centered care in collaboration with other organizations.

SVCHC is the largest primary care practice in Sonoma Valley, providing services for over 7000 individuals a year (27,500 visits). Over 200 women each year receive prenatal care at SVCHC and about 90% deliver at Sonoma Valley Hospital. Seventy-one percent of all women who deliver their babies at Sonoma Valley Hospital come from our prenatal program.

SVCHC is making a real difference in the quality of health care for Sonoma Valley residents, and our Board members are an integral part of what makes it work so well.

If you are interested in becoming a part of our Board of Directors, please complete the attached application form and return it to:

Board Nominating Committee
c/o Carolyn Pitts
19270 Sonoma Hwy.
Sonoma, CA 95476
Or fax to (707) 939-6077
Or e-mail a PDF file to cpitts@svchc.org

Sincerely,

The Nominating Committee



APPLICATION FOR THE BOARD OF DIRECTORS

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Birth Date: _____ Birth Place: _____
City / State / Country

Race: _____ Ethnicity: _____

Are you a patient of the Health Center? Yes ____ No ____

Employer: _____

Employer Address: _____

Reason you would like to serve on the Health Center's Board:

Previous Board or Related Experience: (You may include a resume or other information if you wish).

Do not write in the space below.
